

364106/0350  
SBP:JFD

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: **George S. Gabriel et al.** Art Unit: **To Be Assigned**

Application No.: **TBA – CIP of 10/274,619** Examiner: **Be Assigned**

Filed: **Herewith**

**For: METHOD AND SYSTEM OF PROVIDING SEALED BAGS OF FLUID  
AT THE CLEAN SIDE OF A LABORATORY FACILITY**

Date: **April 13, 2004**

**PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicants respectfully request that the above-identified application be made Special and advanced out of turn for Examination.

This Petition is submitted pursuant to 37 C.F.R. § 1.102 and M.P.E.P. § 708.02(IV) ("APPLICANT'S AGE").

Applicants submit herewith, in accordance with the provisions of M.P.E.P. § 708.02(IV), a copy of the birth certificate of inventor George S. Gabriel (Attached as Exhibit 1), thus providing evidence that applicant is 65 years of age or older.

While applicants do not deem that any fee is necessary in connection with this petition, the Commissioner is nevertheless authorized to charge any fee now or hereafter due to Deposit Account No. 19-4709.

**Application No.: TBA – (CIP of Appln. No. 10/274,619)**  
**Petition To Make Special**  
**Dated: April 7, 2004**

Applicants respectfully submit that this Petition should be granted. Prompt and favorable action is earnestly solicited.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'S. B. Pokotilow', is written over a horizontal line.

Steven B. Pokotilow  
Registration No. 24,377  
Attorney for Applicants  
STROOCK & STROOCK & LAVAN LLP  
180 Maiden Lane  
New York, New York 10038-4982  
(212) 806-5400

NOV 13 1929

STATE OF LOUISIANA  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF BIRTH

1. Place of Birth  
Parish of Cassatche Was White Silver used in Eyes? Yes  
Ward One Age of Year or Mo.  
City of \_\_\_\_\_ Incorporated Town No. \_\_\_\_\_  
or \_\_\_\_\_ Ward No. 37-5355  
Village of \_\_\_\_\_  
Street & No. \_\_\_\_\_  
If birth occurred in a hospital or other institution give its name instead of street and number.

Local Reg. File No. 75  
(1, 2, & 3, etc., in order of registration on birth)  
Registered No. 23688  
(To be added in State Office)

2. Full Name of Baby George Silas Gabriel  
If child is not yet named, report birth, and send name later to State Office.

3. Sex of <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. Number, in order of birth	6. Legitimate <u>Yes</u>	7. Date of birth <u>Sept 18 1929</u> (Month, day, year)
8. Father Full name <u>Robert L Gabriel</u>		14. Mother Full maiden name <u>Bertie Karm</u>		
9. Residence Post Office Address City & State <u>Stirlington Plc, Monroe</u>		15. Residence Post Office Address City & State <u>Stirlington Plc, Monroe</u>		
10. Color of face <u>White</u>	11. Age at last birthday <u>4-5</u> (Years)	16. Color of face <u>White</u>	17. Age at last birthday <u>32</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Texas</u>		18. Birthplace (city or place) (State or country) <u>Monroe La</u>		
13. Occupation Nature of industry <u>Mechanic</u>		19. Occupation Nature of industry <u>Housewife</u>		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>Yes</u> (b) Born alive but now dead (c) Stillborn				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive at Stirlington Plc on the date above stated.  
(Born alive or stillborn)  
Signature C. L. Mangis M.D.  
(Physician or Midwife)  
Address Stirlington Plc  
Post Office Stirlington Plc  
Given name added from  
a supplemental report. (Month, day, year)  
Signature

COPIES RECEIVED FOR RECORDS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

L. S.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

V. S. No. 1

JUL 28 1988

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE  
OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF  
THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

Louis Trachtman, Jr.  
STATE HEALTH OFFICER

William D. Boudier  
STATE REGISTRAR